## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents

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MOUNTAIN VIEW, CA 94041					(Depositor's name)					
									(Signature)	
			[						(Date)	
APPLICATION NO.	FILING DATE	<u> </u>	FIRST NAMED INVENT	OR	ATTO		RNEY DOCKET NO.	CONFIR	CONFIRMATION NO.	
10/621,872 TITLE OF INVENTION	07/16/2003 : EXTENDED ISOMAF	PUSING FISHER LINEA	Ming-Hsuan Yang AR DISCRIMINANT A		KERNEL FISHER		23085-07128 AR DISCRIMINAN		1743	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DU	JE	PREV. PAID ISSUE	FEE	TOTAL FEE(S) DUE	Г	DATE DUE	
nonprovisional	NO	\$1440	\$300		\$0		\$1740	0	05/05/2008	
EXAMINER		ART UNIT	CLASS-SUBCLASS		]		•			
YUAN, KATHLEEN S		2624	382-224000		_					
<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custome Number is required.</li> </ol>			(1) the names of up or agents OR, alterr (2) the name of a si registered attorney 2 registered patent a	printing on the patent front page, list e names of up to 3 registered patent attorneys ents OR, alternatively, e name of a single firm (having as a member a ered attorney or agent) and the names of up to stered patent attorneys or agents. If no name is no name will be printed.  1 Fenwick & West LLP  2 Mark Duell  3						
PLEASE NOTE: Unl recordation as set fort (A) NAME OF ASSIG	less an assignee is ident h in 37 CFR 3.11. Comp	A TO BE PRINTED ON ' iffied below, no assignee  pletion of this form is NO	data will appear on th	e pa an a ITY	tent. If an assigne ssignment.			ocument h	nas been filed for	
Please check the appropr	iate assignee category or	categories (will not be pr	rinted on the patent):		Individual 🗵 Co	rporati	on or other private gr	oup entity	Government	
4a. The following fee(s):	<ul> <li>4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)</li> <li>☐ A check is enclosed.</li> <li>☐ Payment by credit card. Form PTO-2038 is attached.</li> <li>☑ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 19-2555 (enclose an extra copy of this form).</li> </ul>									
• •	s SMALL ENTITY state	us. See 37 CFR 1.27.	☐ b. Applicant is no							
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